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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/809,689-Conf. #7876
	Filing Date	March 25, 2004
	First Named Inventor	Mark LARCHE
	Art Unit	1644
	Examiner Name	N. M. Rooney
Total Number of Pages in This Submission	Attorney Docket Number	JKJ-005CNRCE

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <div style="border: 1px solid black; width: 100px; height: 50px; margin: 10px auto;"></div> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Declaration (4 pages) Appendices A-J Copies of References Power of Attorney and Correspondence Address Indication Form (1 page) Statement Under 37 CFR 3.73(b) (1 page) PTO Form SB/08 Return Receipt Postcard
<div style="border: 1px solid black; width: 100px; height: 20px; float: left; margin-right: 10px;"></div> Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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Signature			
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Date	February 20, 2009	Reg. No.	60,760

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